

Products & Programs:

Modification to voluntary Cancer Care Quality Program, 3
 enhanced reimbursement to begin July 1, 2021

Administrative:

The Industry Health Network 4
 Appointment Scheduler application 4
 Electronic solutions at your fingertips 6
 2021 Affirmative Statement regarding utilization management. 7
 decisions
 A helpful and complete guide to covered well-child visits 8
 May is National High Blood Pressure education month 9
 Resources to support diverse patients and communities 11
 Send larger digital attachments through Availity 12
 Referring to network DME providers for negative pressure. 13
 wound therapy helps members save on out-of-pocket costs
 Member grievance process and forms must be made available. 14
 upon request at provider office
 Anthem Blue Cross provider directory and provider data 16
 updates
 Easily update provider demographics with the online Provider. 17
 Maintenance form
 Network leasing arrangements 18

Medical Policy & Clinical Guidelines:

Update to AIM Specialty Health Oncologic Imaging Clinical. 18
 appropriateness guideline

Reimbursement Policies:

Facility reimbursement policy reminder: Readmission 19
 Reimbursement policy update: Claims Requiring Additional. 20
 Documentation (facility)

Professional reimbursement policy update: Frequency Editing 21

Medi-Cal Managed Care:

Continuing medical education / continuing education unit opportunities 21

Metabolic monitoring and diabetes screening measures for those on antipsychotics medications 21

2020 Anthem Blue Cross population needs assessment 23

Coding spotlight: Tips and best practices for compliance 25

Educational presentations and materials for physicians and medical providers 26

Other health insurance verification 28

Member grievance and appeals process 29

Access to care standards 30

Sign up to receive email from Anthem Blue Cross 30

Medicare:

Anthem Blue Cross working with Optum to collect medical records for Medicare Risk Adjustment 31

Updates to the AIM Specialty Health musculoskeletal program clinical appropriateness 32

Maximizing efficient, high quality COVID-19 screenings 32

Helping our members 34

Cal MediConnect:

Helping our members 35

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Modification to voluntary Cancer Care Quality Program, enhanced reimbursement to begin July 1, 2021

Published: May 1, 2021 - Products & Programs

To more appropriately align program intention to support member care coordination and to ensure compliance with regulatory requirements surrounding the program, Anthem Blue Cross (Anthem) is amending the approach for enhanced reimbursement that accompanies selection of 'on-pathway' chemotherapy drug regimens as part of the AIM Oncology/Cancer Care Quality Program (AIM/CCQP).

Effective July 1, 2021, enhanced reimbursements for medical oncologists selecting on-pathway drug regimens as part of the AIM/CCQP chemotherapy authorization process will be adjusted for specific regimens.

Impacted regimens include only select oral and hormonal agents for which a monthly in-office visit may not be required. For these impacted regimens, the optional enhanced reimbursement award, billable using S-codes for treatment planning and care coordination management for cancer, will be reduced from a monthly award during each month of treatment to a single award to accompany treatment initiation (S0353).

This will impact all authorizations submitted through the AIM authorization process on or after July 1, 2021, regardless of planned treatment dates.

AIM and Anthem will continuously review the regimen library to ensure S-code award levels remain consistent with program goals regarding care coordination support.

For a list of the specific regimens that will be impacted by these changes, to view open the [worksheet](#).

Contact your Anthem network representative or your oncology provider engagement liaison for more information.

Article Attachments

1118-0521-PN-CA

URL: <https://providernews.anthem.com/california/article/modification-to-voluntary-cancer-care-quality-program-enhanced-reimbursement-to-begin-july-1-2021>

The Industry Health Network

Published: May 1, 2021 - Administrative

The Industry Health Network (TIHN) is a provider network made up of Anthem Blue Cross providers and utilized by participants in certain entertainment industry health plans (Directors' Guild of America-Producer Health Plan, Producer-Writers' Guild of America Health Plan, SAG-AFTRA Health Plan, Motion Picture Industry Health Plan). When a plan participant receives a referral to a TIHN specialty provider from a TIHN primary care provider at a UCLA-MPTF Health Center a referral number is generated. The billing provider is responsible to ensure the TIHN referral number is included on the claim form. The TIHN referral number should be submitted in box 23 of the 1500 form. Inclusion of the referral number on the claim will dictate the member's cost share depending on plan participation and the plan's specific benefit design.

1110-0521-PN-CA

URL: <https://providernews.anthem.com/california/article/the-industry-health-network>

Appointment Scheduler application

Published: May 1, 2021 - Administrative

The **Appointment Scheduler** application in Availity Payer Spaces is an online appointment-scheduling feature that allows providers to manage appointments with patients that may

Providers can receive new appointment requests from active members, along with important information like the member's ID number, contact information and any special health information they want the doctor to know. Providers can modify or deactivate their availability at any time. Availability Users with the role of "Office Staff" can set up physicians in the practice to accept online appointment requests.

Enrollment for **Appointment Scheduler** is easy. To access **Appointment Scheduler** in the Availability portal: Availability>Payer Tile>Applications

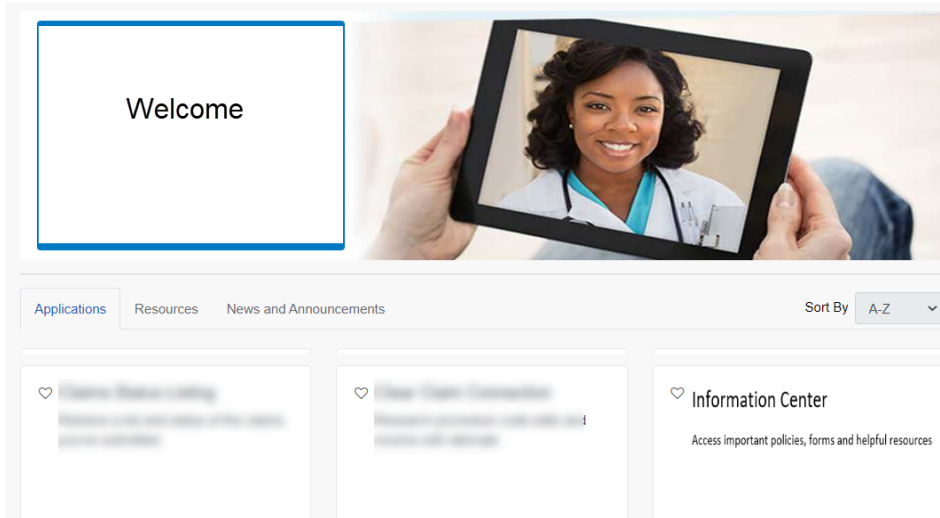
Appointment Scheduler Features:

- Manage appointment requests and view physician availability
- Configure appointment availability
- Notification of new visit requests on Availability Notification Center and via email
- Members are notified directly via text or email once appointment is confirmed
- Send patient reminders via the Appointment Scheduler application
- Customize office locations and available times, as well as the types of appointments accepted

Visit the **Appointment Scheduler** application in the Availity portal today.

Article Attachments

[Payer Spaces.png](#)
image/png - 323.79 KB



1120-0521-PN-CA

URL: <https://providernews.anthem.com/california/article/appointment-scheduler-application>

Electronic solutions at your fingertips

Published: May 1, 2021 - Administrative

Provider bulletins for medical and itemized bill attachments.



Our organization is working robustly to establish Anthem Blue Cross (Anthem) as a digital-first enterprise and to streamline your daily working tasks by using electronic functionalities. In support of the **Digital-First Solutions** we are excited to publish two Provider Bulletins about submitting medical attachments and itemized bills in partnership with [Availity](#).

The objective of the bulletins is to provide a simple guide for you and your staff with step-by-step navigation instructions, where to find help and training with medical attachments.

The provider bulletins are posted on the **Custom Learning Center** (CLC) under the **Resources** tab. Follow these steps to access the helpful documents:

- Availity > Payer Spaces > Select Payer Tile > Applications > Custom Learning Center > Select Catalog > Resources to locate, view or download the Provider Bulletins

Please encourage your staff who have questions on the process or who are not submitting claim attachments electronically to review these valuable resources for assistance.

1139-0521-PN-CA

URL: <https://providernews.anthem.com/california/article/electronic-solutions-at-your-fingertips>

2021 Affirmative Statement regarding utilization management decisions

Published: May 1, 2021 - **Administrative**

All associates who make utilization management decisions are required to adhere to the following principles:

- Utilization management decision making is based only on appropriateness of care and service and existence of coverage.
- We do not specifically reward practitioners or other individuals for issuing denials of coverage or care. Decisions about hiring, promoting or terminating practitioners or other staff are not based on the likelihood or perceived likelihood that they support, or tend to support denials of benefits.
- Financial incentives for utilization management decision makers do not encourage decisions that result in underutilization or create barriers to care and service.

1117-0521-PN-CA

URL: <https://providernews.anthem.com/california/article/2021-affirmative-statement-regarding-utilization-management-decisions>

A helpful and complete guide to covered well-child visits

Published: May 1, 2021 - Administrative

The American Academy of Pediatrics (AAP) developed a set of comprehensive health guidelines for well-child care. Known as the “periodicity schedule,” this screenings and assessments guideline provides a comprehensive schedule for each well-child visit, from infancy.

Schedule for well-child visits



The AAP recommends that children should have a total of **eight visits before their 30-month birthday (six visits before they are 15 months)** with annual visits thereafter. The AAP periodicity schedule aligns with the **well-child visits in the first 30 months of life (W30)** HEDIS® measure. Ensuring all visits are completed **before** the child’s 30-month birthday is critical to assuring compliance with these measures.

Complete coverage for well-child visits regardless of when visit is received

Well-child visits (WCV) are covered 100% regardless of when the visit is received. Payment is not dependent on a set schedule, so there is no requirement to wait for a milestone birth month to schedule the well-child visit.

HEDIS® measures W30 and WCV

- **Well-child visits in the first 30 months of life (W30)**

Description: The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

- Well-child visits in the first 15 months. Children who turned 15 months old during the measurement year: six or more well-child visits.
- Well-child visits for age 15 month to 30 months. Children who turned 30 months old during the measurement year: two or more well-child visits.

- **Child and adolescent well-care visits (WCV)**

Description: The percentage of members 3 to 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

1133-0521-PN-CA

URL: <https://providernews.anthem.com/california/article/a-helpful-and-complete-guide-to-covered-well-child-visits>

May is National High Blood Pressure education month

Published: May 1, 2021 - Administrative

In honor of National High Blood Pressure education month, learn more about CDC's WISEWOMAN program: Well-Integrated Screening and Evaluation for Women Across the Nation. The aim of this program is to improve the delivery of heart disease and stroke prevention services for underserved women, aged 40-64 years. The program focuses on cardiovascular disease risk factors, specifically improving high blood pressure.¹ To learn even more about WISEWOMAN, visit the [CDC website](#).

Resources for your patients

If your patient is one of the tens of millions of American adults who have hypertension, you know encouraging a healthier lifestyle and prescribing the right medications is important to managing the condition. But, if you would like to provide additional information about high blood pressure to your patients, take advantage of the helpful resources available to healthcare professionals through the CDC. The [Hypertension Communications Kit](#) provides blood pressure logs, tip sheets, and more. hypertension patient [education handouts](#) include fact sheets, medication information and dozens of useful tools.

Meeting the HEDIS® measure?

Controlling high blood pressure (CBP) assesses adults ages 18-35 with a diagnosis of hypertension and whose blood pressure was properly controlled base on the following criteria.

- Adults 18-59 years of age whose blood pressure was <140/90 mm Hg
- Adults 60-85 years of age, with a diagnosis of diabetes, whose blood pressure was <140/90 mm Hg
- Adults 60-85 years of age, without a diagnosis of diabetes, whose blood pressure was <150/90 mm Hg

Patient claims should include one systolic reading and one diastolic reading.²

CPT II Code	Most recent systolic blood pressure
3074F	<130 mm Hg
3075F	130-139 mm Hg
3077F	≥ 140 mm Hg
CPT II Code	Most recent diastolic blood pressure
3078F	<80 mm Hg
3079F	80-89m Hg
3080F	≥90 mm Hg

¹<https://www.cdc.gov/wisewoman/about.htm>

²<https://www.cdc.gov/bloodpressure/index.htm>

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

1134-0521-PN-CA

URL: <https://providernews.anthem.com/california/article/may-is-national-high-blood-pressure-education-month>

Resources to support diverse patients and communities

Published: May 1, 2021 - Administrative

We've heard it all our lives: To be fair, you should treat everybody the same. But the challenge is that everybody is not the same—and these differences can lead to critical disparities not only in how patients access health care, but their outcomes as well. The current health crisis illuminates this quite clearly. It is imperative to offer care that is tailored to the unique needs of patients, and Anthem Blue Cross is committed to supporting our providers in this effort.

[MyDiversePatients.com](https://www.mydiversepatients.com) offers education resources to help you support the needs of your diverse patients and address disparities, including:

- Free Continuing Medical Education (CME) learning experiences about disparities, potential contributing factors and opportunities for providers to enhance care.
- Real life stories about diverse patients and the unique challenges they face.

- Tips and techniques for working with diverse patients to promote improvement in health outcomes.

[Stronger Together](#) offers free resources to support the diverse health needs of all people where they live, learn, work and play. These resources were created by our parent company in collaboration with national organizations and are available for you to share with your patients and communities.

While there is no single easy answer to the issue of health care disparities, the vision of [MyDiversePatients.com](#) and [Stronger Together](#) is to start reversing these trends...one person at a time.

Embrace the knowledge, skills, ideals, strategies, and techniques to accelerate your journey to becoming your patients' trusted health care partner by visiting these resources today.

[My Diverse Patients](#)[Stronger Together](#) [Health Equity Resources](#)



1132-0521-PN-CA

URL: <https://providernews.anthem.com/california/article/resources-to-support-diverse-patients-and-communities-7>

Send larger digital attachments through Availity

Published: May 1, 2021 - Administrative

Article Attachments

[Diverse Patient 1.png](#)

image/png - 3.72 KB

[Stronger Together.png](#)

image/png - 3.36 KB

After receiving your feedback, we expanded our server to meet your need to upload larger files to our digital attachment tool, through [Availity](#). You can now upload files up to 100 megabytes, eliminating the need to mail or fax.

Use the attachment tool to upload:

- Medical records
- Itemized bills
- Payment dispute
- EOB
- General correspondence
- Consent forms

The digital attachment tool file size expansion is just one example of how Anthem Blue Cross is using digital technology to improve the healthcare experience, with a goal to save you valuable time.

Access the attachment tool through [availity.com](https://www.availity.com). From the Claims & Payments header, select Attachments – New. For more information about how to setup electronic attachments, use the Getting Started Guide: Select Help & Training > Find Help and then the Attachments topic in Contents. Once logged on you can also access the [Getting Started Guide](#).

You can also access [Program Integrity attachment](#) from the Custom Learning Center: Payer Spaces > Custom Learning Center > Electronic Medical Records.

1140-0521-PN-CA

URL: <https://providernews.anthem.com/california/article/send-larger-digital-attachments-through-availability>

Referring to network DME providers for negative pressure wound therapy helps members save on out-of-pocket costs

Published: May 1, 2021 - Administrative

Often, health-care cost incurred by Anthem Blue Cross' (Anthem) members are result of

Our members, your patients, often participate in health benefit plans that may have coinsurance or deductibles. Your patients may experience significant differences in cost depending on which Negative Pressure Wound therapy providers the members are referred to. The following table provides a sample listing of Anthem high quality, low cost national Negative Pressure Wound therapy providers. Referring to these providers will likely lower your patients' out-of-pocket costs.

Provider	Phone Number
Apria	1-800-780-1228
Rotech	1-844-592-5068

You can find all of Anthem's participating durable medical equipment (DME) orthotics and prosthetics providers, at "Find Care" – Anthem's doctor finder and transparency tool at [anthem.com/ca](https://www.anthem.com/ca).

Anthem is committed to seeking ways to reduce health care costs, and your referrals to network participating providers can help make a difference. We appreciate your partnership in considering the financial impact to your patients – our members, especially during these challenging economic times.

If you have questions, please contact your local Network Relations Consultant or call Provider Services.

1141-0521-PN-CA

URL: <https://providernews.anthem.com/california/article/referring-to-network-dme-providers-for-negative-pressure-wound-therapy-helps-members-save-on-out-of-pocket-costs>

Member grievance process and forms must be made available upon request at provider office

Published: May 1, 2021 - **Administrative**

The Department of Managed Health Care's (DMHC) routine medical survey includes evaluation of a Health Plan's compliance with California Health and Safety Code section 1368(a)(2); 28 CCR 1300.68(b)(6) and (7). These regulations require Health Plans to ensure

Please review and distribute the Anthem Blue Cross (Anthem) grievance form to all your participating offices. It is important to implement processes to provide grievance forms and assistance to Anthem members promptly upon request.

Your agreement with Anthem requires you to comply with all applicable laws and regulations and to cooperate with Anthem's administration of its grievance program.

Information can be accessed on the process of submitting member grievances and appeals, grievance forms, definitions and appeal rights, on Anthem's website at [anthem.com/ca/forms](https://www.anthem.com/ca/forms). Go to **View by Topic** and click on the drop-down menu and select Grievance & Appeals, then select the desired resources link.

Also, grievance forms, grievance procedures and additional information about Anthem's expedited grievance and appeals review process, can be found in your Provider Operations Manual.

Anthem has posted a [required learning course](#) via the Availity portal (login required) to ensure all contracted provider offices have implemented processes to provide grievance forms and assistance to enrollees. Please make sure to complete this course and the required attestation by June 1, 2021. We appreciate your cooperation and support.

To Register for the Course:

1. Log in to Availity Portal at [availity.com](https://www.availity.com).
2. At the top of Availity Portal, select **Payer Spaces > Anthem Blue Cross**.
3. On the payer spaces landing page, choose **Access Your Custom Learning Center** from the Applications tab.
4. Search for the [**Required Grievance Process/Form Course for Anthem Blue Cross Contracted Providers**] using keyword **grievance**.
5. Enroll and complete the course, including the required attestation module.

Refer to this guide for more information.

Not registered for the Availity Portal?

Have your organization's designated administrator register your organization for the Availity Portal.

1. Visit [availity.com](https://www.availity.com) to register.

2. Choose Register.
3. Select your organization type.
4. In the Registration wizard, follow the prompts to complete the registration for your organization. [Refer to these PDF documents](#) for complete registration instructions.

Getting Started

When you log in to Availity Portal for the first time, Availity prompts you to:

1. Accept privacy and security statements
2. Accept a confidentiality agreement
3. Choose three security questions and answers
4. Create a new password
5. Verify your email address

For questions regarding the Availity Portal, please contact Availity Client Services at **1-800-282-4548**.

771-1120-PN-CA

URL: <https://providernews.anthem.com/california/article/member-grievance-process-and-forms-must-be-made-available-upon-request-at-provider-office-2>

Anthem Blue Cross provider directory and provider data updates

Published: May 1, 2021 - **Administrative**

It is extremely important that we have accurate and up-to-date information about your practice in our directories. Senate Bill 137 (SB 137) requires that Anthem Blue Cross (Anthem) provide our members accurate and up-to-date provider directory data. As a result, Anthem will be conducting ongoing outreaches to all practices to confirm the information we have on file is accurate. Without verification from you that our Provider Directory information is accurate, we will be required to remove your practice from the directories we make available to our members. We appreciate your attention to this matter.

768-1120-PN-CA

Easily update provider demographics with the online Provider Maintenance form

Published: May 1, 2021 - **Administrative**

Anthem Blue Cross (Anthem) providers should now submit changes to their practice profile using our online [Provider Maintenance Form](#).

Online update options include: add an address location, name change, tax ID changes, provider leaving a group or a single location, phone/fax numbers, closing a practice location, etc. Visit the [Provider Maintenance Form](#) landing page to review more.

The new online form can be found the redesigned provider site anthem.com/ca, select the Providers tab then select Provider Maintenance Form in the sub bullets. In addition, the [Provider Maintenance Form](#) can be accessed through the **Availity web portal** by selecting California > Payer Spaces-Anthem Blue Cross > Resources tab > Provider Maintenance Form.

Important information about updating your practice profile:

- **Change request should be submitted using the online Provider Maintenance Form**
- Submit the change request online. No need to print, complete and mail, fax or email demographic updates
- You will receive an auto-reply e-mail acknowledging receipt of your request and another email when your submission has been processed
- For change(s) that require submission of an updated IRS Form w-9 or other documentation, attach them to the form prior to submitting
- Change request should be submitted with advance notice
- Contractual agreement guidelines may supersede effective date of request

You can check your directory listing on the Anthem Blue Cross: “Find a Doctor tool”. The Find a Doctor tool at Anthem is used by consumers, members, brokers, and providers to identify in-network physicians and other health care providers supporting member health plans. To ensure Anthem has the most current and accurate information, please take a moment to access the Find A Doctor tool ([anthem.com/ca](https://www.anthem.com/ca), select the Providers tab, then select the Find A Doctor in the sub bullets) and review how you and your practice are being displayed.

769-1120-PN-CA

URL: <https://providernews.anthem.com/california/article/easily-update-provider-demographics-with-the-online-provider-maintenance-form-30>

Network leasing arrangements

Published: May 1, 2021 - **Administrative**

Anthem Blue Cross (Anthem) has network leasing arrangements with a variety of organizations, which we call *Other Payors*. Other payors and affiliates use the Anthem network.

Under the terms of your provider agreement, members of other payors and affiliates are treated like Anthem members. As such, they are entitled to the same Anthem billing considerations, including discounts and freedom from balance billing. You can obtain the *Other Payors* list on the Availity web portal, at www.Availity.com. From the Availity site, select Home > Anthem California > Education and Reference Center, or email us at CAContractSupport@Anthem.com.

767-1120-PN-CA

URL: <https://providernews.anthem.com/california/article/network-leasing-arrangements-31>

Update to AIM Specialty Health Oncologic Imaging Clinical appropriateness guideline

Published: May 1, 2021 - **Policy Updates** / Medical Policy & Clinical Guidelines

Effective for dates of service on and after May 1, 2021, the following update will apply to the AIM Oncologic Imaging Clinical appropriateness guideline as recommended by the [United States Preventive Service Taskforce Lung Cancer: Screening](#) statement.

- Expanded low-dose CT screening for ages equal to or greater than 50 and less than or equal to 80 AND 20 or greater pack-year history of cigarette smoking.

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM's **ProviderPortal**_{SM} directly at providerportal.com. Online access is available 24/7 to process orders in real-time and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web Portal at availity.com
- Call the AIM Contact Center toll-free number: 1-877-291-0360, 7:00 a.m. – 5:00 p.m. PT

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines [here](#).

1119-0521-PN-CA

URL: <https://providernews.anthem.com/california/article/update-to-aim-specialty-health-oncologic-imaging-clinical-appropriateness-guideline>

Facility reimbursement policy reminder: Readmission

Published: May 1, 2021 - **Policy Updates** / Reimbursement Policies

As a reminder, Anthem Blue Cross (Anthem) does not allow separate reimbursement for claims that have been identified as a readmission for the same, similar or closely-related diagnoses or condition to the same facility or another facility that (i) operates under the same Facility Agreement, (ii) has the same tax identification number as Facility, or (iii) is under

[reimbursement policy](#). If Anthem determines that this reimbursement policy has not been followed, Anthem may deny the claim prior to payment or recover any paid claim. Providers may dispute any claim denied under this policy consistent with applicable law, your agreement with Anthem, and Anthem policies.

1123-0521-PN-CA

URL: <https://providernews.anthem.com/california/article/facility-reimbursement-policy-reminder-readmission>

Reimbursement policy update: Claims Requiring Additional Documentation (facility)

Published: May 1, 2021 - **Policy Updates** / Reimbursement Policies

As a reminder, Anthem Blue Cross (Anthem) announced the delay of a change to our facility reimbursement policy Claims Requiring Additional Documentation in the October 2020 edition of the *Provider News*. As you may recall, Anthem's 90-day written notice of this delay was mailed on April 29, 2020, with an original effective date of August 1, 2020. The change would have required facilities to submit an itemized bill with outpatient facility claims reimbursed at a percent of charge with billed charges above \$20,000. We are raising the billed charges threshold to \$50,000 for outpatient and will now implement with dates of service on or after August 1, 2021.

In addition, we are raising the itemized bill requirement for inpatient stay claims threshold from \$40,000 to \$100,000 and will now implement with dates of service on or after August 1, 2021.

If you have questions, please contact your hospital network manager or our Network Relations staff at CAContractSupport@anthem.com.

1149-0521-PN-CA

URL: <https://providernews.anthem.com/california/article/specialty-dose-rounding-program-beginning-august-1-2021>

Professional reimbursement policy update: Frequency Editing

Published: May 1, 2021 - **Policy Updates** / Reimbursement Policies

In our January 1, 2021, provider notice, we shared information regarding changes to the Frequency Editing professional reimbursement policy. The notice indicated that constant attendance, timed modalities for physical therapy, occupational therapy or speech therapy are limited to 4 Units or 1 hour per date of service for the same member, by the same provider, per therapy type for (97110 – 97124, 97129, 97130, 97140, 97533 – 97542, 97760 – 97763). Upon further review, we have reconsidered our position and have removed this edit for dates of service on or after April 1, 2021.

1126-0521-PN-CA

URL: <https://providernews.anthem.com/california/article/professional-reimbursement-policy-update-frequency-editing>

Continuing medical education / continuing education unit opportunities

Published: May 1, 2021 - **State & Federal** / Medi-Cal Managed Care

We offer webinars on a variety of topics, including medical coding, claims issues, quality measures, healthcare and more. Each live webinar may offer both continuing medical education (CME)/continuing education unit (CMU) credit for attendees. On-demand recordings are also available (with CME credit) for your convenience.

Sign up for a session [here](#) today!

URL: <https://providernews.anthem.com/california/article/continuing-medical-education-continuing-education-unit-opportunities>

Metabolic monitoring and diabetes screening measures for those on antipsychotics medications

Published: May 1, 2021 - **State & Federal** / Medi-Cal Managed Care

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

The Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) HEDIS® measure evaluates the percentage of children and adolescents 1 to 17 years of age who had two or more antipsychotic prescriptions and had metabolic testing.

Antipsychotic medications can increase a child's risk for developing health concerns, including metabolic health complications. The goal of this measure is for members to have metabolic monitoring by having both a blood glucose test (glucose or HbA1c) and LDL-C testing annually.

Record your efforts:

- Glucose test or HbA1c test and LDL-C cholesterol test as identified by claim/encounter
- Document results in the member's medical record

Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)

The Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD) HEDIS measure evaluates members 18 to 64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, and who were dispensed an antipsychotic medication and had a diabetic screening test during the measurement year.

Diabetes screening is important for anyone with schizophrenia or bipolar disorder. The added risk associated with antipsychotic medications contributes to the need to screen people with schizophrenia for diabetes annually.

Record your efforts:

- Glucose test or HbA1c test as identified by claim/encounter
- Document results in the member's medical record

Helpful tips:

- Educate patients and their caregivers on the importance of completing blood work annually.
- If your practice uses electronic medical records (EMRs), have flags or reminders set in the system to alert when a patient is due for screenings.

- Draw labs in your office, if available, or refer members to a participating lab for screenings.
- Follow up on laboratory test results and document in your chart.
- Share EMR data with Anthem Blue Cross to capture all coded elements.

Other available resources:

- *Clinical Practice Guidelines* are available on our provider website at <https://providers.anthem.com/ca>.
- For *The Quality Measures Desktop Reference for Medicaid Providers and HEDIS Benchmarks and Coding Guidelines for Quality Care*, contact one of our Medi-Cal Customer Care Centers.

For more information, contact your local Provider Solutions representative, or call one of our Medi-Cal Customer Care Centers at **1-800-407-4627** (outside L.A.County) or **1-888-285-7801** (inside L.A. County).

URL: <https://providernews.anthem.com/california/article/metabolic-monitoring-and-diabetes-screening-measures-for-those-on-antipsychotics-medications>

2020 Anthem Blue Cross population needs assessment

Published: May 1, 2021 - **State & Federal** / Medi-Cal Managed Care

Introduction

The goal of the population needs assessment (PNA) is to improve health outcomes for members and ensure Anthem is meeting members' needs. It does this by identifying member health needs and health disparities; evaluating health education, cultural and linguistic (C&L) and quality improvement (QI) activities; and by utilizing available resources. The PNA aims to address identified concerns while setting targets and strategies for health education and C&L/QI programs and services.

Key findings

Anthem analyzed HEDIS[®] data for 12 reporting units across the Anthem contracted counties.

Some of the key health disparities findings include:

- All findings were related to health for children or women. The measures include:
 - Immunizations for Adolescents
 - Childhood Immunization Status
 - Well-Child Visits
 - Breast Cancer Screenings
 - Cervical Cancer Screenings
 - Prenatal and Postpartum Care
- The Immunizations for Adolescents — combination 2 measure was the most identified health disparity, appearing in Alameda County (white and African American), Kings County (white), Madera County (white), Region 1 (white), Santa Clara County (African American) and Tulare County (Asian American and Pacific Islander).
- The Breast Cancer Screening measure was the second most identified disparate measure, identified in Alameda County (white), Contra Costa County (white), Fresno County (Asian American, Pacific Islander and white), Kings County (white) and Tulare County (white).
- Black and African American members were identified as the most disparate group seven times — Four of those seven measures were for the Prenatal and Postpartum Care measure.

In addition, Anthem assessed the existing Population Health Management program and determined the following opportunities are being pursued to address social determinants of health:

- Food insecurity: The expansion of the Food is Medicine/Medical Meals program by increasing availability of referral pathways, increasing collaboration with enhanced care management programs and increasing membership
- Primary care/case management: Increasing community health worker collaboration to provide in-person and/or telephonic support to members with social and health needs, including accompaniment/advocacy at provider appointments, assisting members with completing forms or gathering other necessary information to facilitate access to community resources

Defining PNA objectives

Based on these and other findings, Anthem is using the analysis to inform and align objectives for the PNA action plan for the 2020 reporting year. For this year and 2021, Anthem is working with the community to identify the following areas of focus and objectives:

- Increasing the number of completed mammograms
- Increasing the timeliness of prenatal and postpartum care for identified African American members
- Increasing the utilization of interpreter services among providers and members
- Increasing member engagement in care management programs to address social determinants of health

To receive a copy of the action plan, please contact healthed_ca_medicaid@anthem.com. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

URL: <https://providernews.anthem.com/california/article/2020-anthem-blue-cross-population-needs-assessment>

Coding spotlight: Tips and best practices for compliance

Published: May 1, 2021 - **State & Federal** / Medi-Cal Managed Care

Identifying the most appropriate COVID-19 testing codes, testing sites and type of test to use can be confusing. The guidance below can make it easier for you to refer your patients to high-quality, lower-cost COVID-19 testing sites, find Anthem Blue Cross (Anthem) contracted laboratories and identify the proper CPT codes to use. Contact your Anthem representative for additional information or visit <https://providers.anthem.com/ca>.

Refer patients to www.anthem.com/ca/medi-cal to find convenient testing locations

If an Anthem member requests a COVID-19 test, you may refer them to Anthem to find a testing location near them. Our test-site finder gives members important information about each site, including days and hours of operation, and if they offer:

- Appointment or walk-in
- Drive through service
- Rapid test results

- Antibody testing
- Testing for children

Consider Antigen testing as an option when rapid results are needed. Antigen tests can be a quicker way to detect COVID-19 than nucleic acid amplification test (NAAT), (for example, PCR). Antigen tests offer a reasonable and lower cost alternative when screening asymptomatic or low-risk patients and may be most useful for individuals within the first five to seven days of symptoms when virus replication is at its highest.

Send swab tests to Anthem-contracted laboratories

When providing COVID-19 molecular testing services to our members, consider utilizing the following additional in-network, high-quality labs to assist in helping to ensure that our members are receiving high-value health care.

In-network lab	Telephone	Website
Fulgent Therapeutics	1-626-350-0537	https://www.fulgentgenetics.com/covid19
Lab 24, LLC	1-877-319-7222	https://lab24.us

URL: <https://providernews.anthem.com/california/article/coding-spotlight-tips-and-best-practices-for-compliance-6>

Educational presentations and materials for physicians and medical providers

Published: May 1, 2021 - **State & Federal** / Medi-Cal Managed Care

The California Department of Public Health, Childhood Lead Poisoning Prevention Branch (CLPPB), provides presentations for health care providers about childhood lead poisoning prevention and management. These presentations provide information on sources and effects of lead, lead screening, management of lead-exposed children, and state mandates for health care providers regarding childhood lead poisoning.

Since the onset of COVID-19 restrictions, these presentations are given via free live webinar by a CLPPB public health medical officer. Please contact us at:

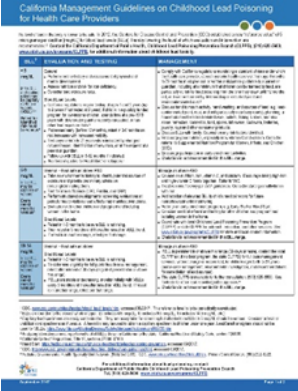
CLPPB_Provider_Outreach@cdph.ca.gov, or by phone at 1-510-620-5600 to schedule a webinar.

CLPPB also provides free educational materials for providers to give to patients and families, and free informative guidelines and fact sheets for providers and staff. You can view these online at the links below:

Patient materials:



Provider materials:



To order, contact Childhood Lead Poisoning Prevention Branch at pdss@cdph.ca.gov.

URL: <https://providernews.anthem.com/california/article/educational-presentations-and-materials-for-physicians-and-medical-providers>

Other health insurance verification

Published: May 1, 2021 - **State & Federal** / Medi-Cal Managed Care

This is a reminder that providers should be reviewing member eligibility for the presence of other health insurance (OHI) before providing services; Medi-Cal Managed Care is the payer of last resort. If a claim denial is received via 835 or paper remittance for OHI, providers are responsible for ensuring all applicable payment opportunities have been exhausted before disputing the claim denial.

Providers can identify a member with OHI through the following processes:

- Availability:
 - Run an eligibility transaction and check the *Payer Details*
- Digital 835 transaction extract:
 - Anthem Blue Cross will populate when available:
 - 2100 NM1 Segment — Corrected Priority Payer Name
 - 2100 NM103 — OHI Carrier Name
 - 2100 NM103 — OHI Carrier Billing Address
 - 2100 NM1 Segment — Other Subscriber Name
 - 2100 NM103 and NM104 — Member Name
 - 2100 NM109 — Member OHI Policy Number
 - OHI Carrier ID paper *EOP*:
 - OHI Carrier Name, and OHI Billing Address are on the remittance. OHI will be listed as *Other Carrier* on the claim details section of the *EOP* directly above the *Total Net Paid*

If you have any questions or concerns, please contact your Provider Experience representative.

URL: <https://providernews.anthem.com/california/article/other-health-insurance-verification>

Member grievance and appeals process

Published: May 1, 2021 - **State & Federal** / Medi-Cal Managed Care

Member rights

Anthem Blue Cross (Anthem) members have the right to seek resolution of issues through our grievance and appeal (G&A) process. The issues may involve dissatisfaction of concern about a contracted provider or access to services.

Independent medical review

After exhausting the Anthem grievance and appeal process, if a member is still dissatisfied with a decision, the member has the right to request an independent medical review (IMR) from the following entities:

- California Department of Managed Health Care:
 - Members may request an IMR if eligible for an expedited review or an urgent grievance or appeal.
- Anthem and all delegated entities must adhere to the decision and ensure authorization is issued within five working days of the IMR decision and that the member can readily access services. Anthem's G&A team will communicate the decision to our delegated entities.

State fair hearing

Medi-Cal Managed Care (Medi-Cal) members may request a state fair hearing with the California Department of Social Services (CDSS) after exhausting the Anthem appeal processes or if Anthem fails to resolve an appeal request within the required time frames. The state fair hearing must be filed within 120 days from the date of the *Notice of Appeal Resolution*.

Once the CDSS receives the member's request:

- The CDSS sends a notice of the hearing request to Anthem.
- Upon receipt of the request, all documents related to the request are forwarded to the CDSS.
- The CDSS notifies all parties of the date, time and place of the hearing. Representatives from our administrative, medical and legal departments may attend the hearing to present testimony and arguments. Our representatives may cross-examine the witnesses and offer rebutting evidence.
- An administrative law judge renders a decision in the hearing within 90 business days of the date the hearing request was made.
- If the judge overturns the Anthem position, Anthem and all delegated entities must adhere to the judge's decision and ensure authorization is issued within 72 hours of the state fair hearing decision and that the member can readily access services. Anthem's G&A team will communicate the decision to our delegated entities.

If you have any questions

You can call our Customer Care Center for Medi-Cal Managed Care outside L.A. County at **1-800-407-4627** or our Customer Care Center for Medi-Cal Managed Care inside L.A. County at **1-888-285-7801**.

URL: <https://providernews.anthem.com/california/article/member-grievance-and-appeals-process>

Access to care standards

Published: May 1, 2021 - **State & Federal** / Medi-Cal Managed Care

Learn more about [access to care standards](#).

URL: <https://providernews.anthem.com/california/article/access-to-care-standards-2>

Sign up to receive email from Anthem Blue Cross

Published: May 1, 2021 - **State & Federal** / Medi-Cal Managed Care

This communication applies to the Medicaid, Medicare Advantage and Medicare-Medicaid

Plan (MMP) programs for Anthem Blue Cross (Anthem).

In order to communicate more efficiently with providers, Anthem is now sending some bulletins, policy change notifications, prior authorization update information, educational opportunities and more to providers via email. Email is the quickest and most direct way to receive important information from Anthem.

What do we need from you?

To receive email from Anthem (including some sent in lieu of fax or mail), ensure that we have your email address on record by submitting your information via *Provider Maintenance Form* located on the provider site: <https://mediproviders.anthem.com/ca> > Forms > Provider Maintenance Form.

What if I need assistance?

If you have questions about this communication or need assistance with any other item, contact your local Network Relations Consultant or call Provider Services:

- For Medi-Cal Managed Care:
 - In Los Angeles County, please email SouthProviderRelationsMedicaid@anthem.com or call **1-866-465-2272**.
 - In Central California counties, please email CentralProviderRelationsMedicaid@anthem.com or call **1-877-811-3113**.
 - In Northern California counties, please email NorthProviderRelationsMedicaid@anthem.com or call **1-888-252-6331**.
- For Cal MediConnect Plan: **1-855-817-5786**
- For Medicare Advantage: Call the number on the back of the member ID card.

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URL: <https://providernews.anthem.com/california/article/sign-up-to-receive-email-from-anthem-blue-cross-1>

Anthem Blue Cross working with Optum to collect medical records for Medicare Risk Adjustment

Published: May 1, 2021 - **State & Federal** / Medicare

Learn more information about [Anthem Blue Cross Working with Optum to Collect Medical Records for Medicare Risk Adjustment](#).

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URL: <https://providernews.anthem.com/california/article/anthem-blue-cross-working-with-optum-to-collect-medical-records-for-medicare-risk-adjustment>

Updates to the AIM Specialty Health musculoskeletal program clinical appropriateness

Published: May 1, 2021 - **State & Federal** / Medicare

Learn more information about the [Updates to the AIM Specialty Health Musculoskeletal Program Clinical Appropriateness Guidelines](#).

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URL: <https://providernews.anthem.com/california/article/updates-to-the-aim-specialty-health-musculoskeletal-program-clinical-appropriateness>

Maximizing efficient, high quality COVID-19 screenings

Published: May 1, 2021 - **State & Federal** / Medicare

Identifying the most appropriate COVID-19 testing codes, testing sites and type of test to use can be confusing. The guidance below can make it easier for you to refer your patients to high-quality, lower-cost COVID-19 testing sites, Anthem Blue Cross (Anthem) contracted laboratories and identify the proper CPT[®] codes to use. Contact your Anthem representative for additional information or visit <https://www.anthem.com/medicareprovider>.

Refer patients to <https://www.anthem.com/ca> to find convenient testing locations. If an Anthem member requests a COVID-19 test, you may refer them to Anthem to find a testing location near them. Our test-site finder gives members important information about each site, including days and hours of operation, and if they offer:

- Appointment or walk-in

- Drive through service
- Rapid test results
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Consider Antigen testing as an option when rapid results are needed

Antigen tests can be a quicker way to detect COVID-19 than nucleic acid amplification tests (NAAT), (for example, PCR). Antigen tests offer a reasonable and lower cost alternative when screening asymptomatic or low-risk patients and may be most useful for individuals within the first five to seven days of symptoms when virus replication is at its highest.

Send swab tests to Anthem-contracted laboratories

When providing COVID-19 molecular testing services to our members, consider utilizing the following additional in-network, high-quality labs to assist in helping to ensure that our members are receiving high-value healthcare.

In-network lab	Telephone	Website
Eurofins NTD	1-888-683-5227	https://www.ntd-eurofins.com
Eurofins Viracor	1-800-305-5198	https://www.viracor-eurofins.com/test-menu/8300-coronavirus-covid-19-sars-cov-2-rt-pcr
Eurofins Boston Heart	1-877-425-1252	https://bostonheartdiagnostics.com
Fulgent Therapeutics	1-626-350-0537	https://www.fulgentgenetics.com/covid19
Invitae Corporation	1-650-466-7242	https://www.invitae.com/en/partners
Gravity Diagnostics	1-855-841-7111	https://gravitydiagnostics.com/covid-19-coronavirus-testing-partners
Mako Medical Laboratories	1-919-351-6256	https://makomedical.com
Innovative Health Diagnostics dba MD Tox Lab	1-866-363-0203	https://www.ihdlab.com
LAB24	1-800-641-0133	https://www.lab24inc.com/corona-virus-home-test-kit
CA State COVID Lab	N/A	https://testing.covid19.ca.gov/valencia-branch-laboratory

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URL: <https://providernews.anthem.com/california/article/maximizing-efficient-high-quality-covid-19-screenings-10>

Helping our members

Published: May 1, 2021 - **State & Federal** / Medicare

Learn more information about how we are [helping our members](#).

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URL: <https://providernews.anthem.com/california/article/helping-our-members>

Helping our members

Published: May 1, 2021 - **State & Federal** / Cal MediConnect

Learn more information about how we are [helping our members](#).

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URL: <https://providernews.anthem.com/california/article/helping-our-members-1>
